



**REMOVAL EXAMINATION / GRADE COMPLETION FORM**

Date: \_\_\_\_\_

Mr./Mrs./Miss \_\_\_\_\_ with student I.D. # \_\_\_\_\_  
is hereby permitted to take

- a. \_\_\_\_\_ Removal Examination for Incomplete Grade
- b. \_\_\_\_\_ Removal Examination for Conditional Grade
- c. \_\_\_\_\_ Waiver Examination
- d. \_\_\_\_\_ Steps for completion of course requirements other than test in the  
Subject (Course No. & Sec.) \_\_\_\_\_ taken during the \_\_\_\_\_  
semester, school year \_\_\_\_\_.

Recommending Approval:

Assessment:

\_\_\_\_\_  
Department Chairman  
(Signature over Printed Name)

No Fee

With fee of Php \_\_\_\_\_

OR No.: \_\_\_\_\_

Dated: \_\_\_\_\_

TO BE administered and rated by:

APPROVED:

\_\_\_\_\_  
Faculty  
(Signature over Printed Name)

\_\_\_\_\_  
Registrar/Assessor

-----  
**DO NOT DETACH**  
\_\_\_\_\_